

EXHIBIT J

MIDTOWN ESTATES

104 N KINGS HWY
MURFREESBORO, TN
PHONE 615-896-2470 FAX 615-895-9147 TTY 711

(APPLICANT, PLEASE COMPLETE THE FOLLOWING QUESTIONS)**A. APPLICANT**

Name: Davone Jerro Jamal Jackson Social Security No: [REDACTED] 5535
Address: 2036 S. Church St Apt. # 232 City, State, Zip: Memphis, TN 37130
Home Phone #: 993-1090 Work #: _____ Alternate #: 615-335-4632
E-Mail Address: djjackson1980@gmail.com Current Rent \$ 230/WK
Do you pay the utilities? no How much per month average? (Exclude phone) \$ 0
List the names, addresses and phone numbers of relatives or friends (not living with you).

- Name Nikki Peters Address 1428 Charlot Dr. City Memphis
Telephone Number _____ Alternate phone number 615-424-5290
- Name Laura Alexander Address 1942 Ransom Dr. City Memphis
Telephone Number 615-895-1568 Alternate phone number 615-993-9434

How did you hear about our property? tenant

B. HOUSING STATUS

How many people reside in your home? 2 How many bedrooms in your home? 2

Why do you wish to move? living in a motel

Are you (or anyone named on this application) being evicted? no

If so, when must you/they be out of your home? _____

Have you been displaced by government action or a presidentially declared disaster? If yes, please provide documentation.

Have you (or anyone named on this application) ever been evicted? no

If so, from where, and when? _____

How long have you lived in your current residence? 8 months

Please list the landlord's name, address, phone number and the property address for each property in which you lived for the last five years: (Use the back of the form if necessary.)

Present Landlord: Knights Inn Phone No: 615-893-1090

Landlord Address: 2036 S. Church St.

Dates of Occupancy: 4/15 to present

Former Landlord: Willie Huff Phone No: 313

Former Landlord Address: 20375-A Mitchelldale Ave.

Previous Address: 20375-B Mitchelldale Ave

Dates of Occupancy: 10/1/08 - 3/15

Former Landlord: Farrar Brothers Phone No: 615

Former Landlord Address: College St.

Previous Address: 319 A Bahle Ave.

Dates of Occupancy: 1/08 thru 11/08

Rev. 06/19/12

APPLICATION FOR HOUSING (FAMILY)

Provide a complete list of State Registered Lifetime Sex Offenders of all states in which any household member has resided.

None

C. FAMILY OR HOUSEHOLD COMPOSITION

List Head of Household, all other household members and their relationship to head.

	FULL NAME	RELATIONSHIP	BIRTH DATE	BIRTH PLACE	AGE	Soc. Sec. #	Driver's License #
1.	Darlene Jerro Jamal Jackson	HEAD	██████ 80	Detroit, MI	35	██████ 5535	086963531
2.	N. ██████ J. ██████ J. ██████	daughter	██████ 07	H'boro, TN	8	██████ 394	
3.	██████ ██████ ██████	██████	██████ ██████	██████	██████	██████	
4.							
5.							
6.							
7.							
8.							

Do you plan to have anyone living with you in the future who is not listed above? ☐ Yes* ☒ No

*If Yes, explain _____

Are you or any other household member(s) (including minors) currently a student at an institution of higher education for the purpose of obtaining a degree or expect to be one in the next twelve (12) months? If so, list member(s): ~~██████ ██████ ██████~~ and school(s): _____

D. RACE OF HEAD OF HOUSEHOLD

☐ White ☐ Asian or Pacific Islander

☒ Black ☐ American Indian or Alaskan Native

ETHNICITY

☐ Hispanic ☒ Non-Hispanic

(This section is optional).

E. SOURCE OF INCOME

List all income sources. This includes, but is not limited to, full and/or part time employment, all income from welfare agencies, social security, pension, SSI, disability armed forces reserves, unemployment compensation, child care, alimony, child support, scholarships and grants, contract for deed, interest on assets, dividends, annuities, regular contributions from people not residing with you. (Please use the corresponding member number that you noted on the previous page.)

MEMBER #	EMPLOYER, AGENCY, BANK, etc. (any individual(s), company(ies) or organization(s) providing income to you)	ANNUAL GROSS INCOME TO YOU
1	Disability	\$ 856.00
2	Disability	\$ 144
3	pension pro cess	0000000000

Have you had a job within the last 12 months? Yes ☐ No ☒

F. ASSETS

List all checking and savings accounts (including IRA's, KEOUGH accounts, Money Market accounts and Certificates of Deposits) of all household members, including amounts given away during the past two years:

Bank Name	Asset Type (Checking/Saving)	Account Number	Current Balance	Current Interest Rate
Ascend	Checking/Savings	8000	\$ 25.00	

List value of all stocks, bonds, whole-life insurance policies, savings bonds, trust, pension contributions, or other assets:

Do you own a home or other real estate? ☐ Yes ☒ No

If Yes, list the anticipated gross sale price: \$ _____

Do you own a car? ☐ Yes ☒ No

Have you, or other household member, sold or given away real property or other cash assets in the past two years? ☐ Yes ☒ No

If Yes, what is the current market value of the asset? \$ _____

Do you, or other household member, have cash, jewelry, stamp, coin or other collections, or other assets stored in your apartment or safety deposit box? ☐ Yes ☒ No

If Yes, what is the current market value of the asset? \$ _____

G. CHILD CARE AND MEDICAL EXPENSE INFORMATIONDo you pay for child care due to employment? ☐ Yes ☒ No Weekly costs: \$ _____Do you pay for child care due to attending school full-time? ☐ Yes ☒ No Cost: \$ _____Is child care cost covered by AFCC? ☐ Yes ☒ NoDo you have Medicare (YES or NO)? ☒ Do you have other medical insurance? _____

Give the name of the insurance company and your policy #: _____

Does your insurance pay your doctor and prescription drug bills (Yes or No)? ☒If partially, what amount: \$ 1.20 med prescriptionsAre you receiving medical assistance through welfare (Yes or No)? ☒

*Upon request, if you pay any portion of the medical/drug costs you must supply us with the bills and the records of what was paid for you.

Federal regulations provide for special consideration to applicants with a disability. Examples of this could include eligibility for the Section 8 program, special consideration for persons with mobility disabilities when mobility modified apartments are available, and adjustment to income for medical expenses.

If you believe that you have a disability that would qualify you for special treatment under Federal regulations, you may indicate this below (by checking off/filling the spaces as indicated).

☐ I believe that I (or a member of my household) have (has) a disability, which should be considered when my eligibility certification is completed.

Do you pay for a care attendant or for any equipment for the disabled household member(s), which is necessary to permit that person, or someone else in the household to work? ☐ Yes ☒ No

If yes, please describe expenses: _____

Do you feel that you (or another household member) need(s) an accommodation or modification, due to a disability, in order to use this dwelling? ☐ Yes* ☒ No

*If Yes, please describe the accommodation or modification needed: _____

NOTE: The following questions pertain to yourself and every member of your household who will occupy the assisted unit during the period in which you receive rental assistance.

A. EMPLOYMENT

YES NO

- ☒ ☐ 1. Is any member of your household employed, either full-time, part-time or seasonally?
- ☒ ☐ 2. Did any member of your household work in any capacity during the past year?
- ☒ ☐ 3. Does any member of your household expect to work for any period of time during the coming months?
- ☐ ☒ 4. Is any member of your household on probationary status at work?

YES NO

- ☐ ☒ 5. Is any member of your household on a leave of absence from work due to lay-off or for reasons of medical, military or maternity leave?
- ☐ ☒ 6. Does any member of your household expect to be rehired by a past employer?
- ☐ ☒ 7. Does any member of your household expect to be terminated from work in the near future?
- ☐ ☒ 8. Has any member of your household applied for work?
- ☐ ☒ 9. Is any member of your household waiting to be called by a prospective employer?
- ☐ ☒ 10. Is any member of your household working for a person who pays them in cash?
- ☐ ☒ 11. Do you believe that you have income that may be exempt from consideration because of Federal regulations? If yes, please describe:
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B. UNEMPLOYMENT BENEFITS

- ☐ ☒ 1. Is any member of your household receiving or expecting to receive unemployment benefits?
- ☐ ☒ 2. Has any member of your household applied for unemployment?
- ☐ ☒ 3. Has any member of your household been rejected for unemployment?

C. BENEFITS

- ☐ ☒ 1. Does any member of your household receive or expect to receive child support?
- ☐ ☒ 2. Has any member of your household ever applied for child support?
- ☐ ☒ 3. Does the absent father/mother of your child/children pay you money on a regular basis?
- ☐ ☒ 4. Does any member of your household receive or expect to receive welfare?
- ☐ ☒ 5. Has any member of your household ever applied for welfare?
- ☐ ☒ 6. Is any member of your household receiving or expecting to receive Social Security or SSI?
- ☒ ☐ 7. Has any member of your household applied for Social Security or SSI?
- ☐ ☒ 8. Does any member of your family receive any additional money?
- ☐ ☒ 9. Is any member of your household receiving financial aid or work-study?
- ☒ ☐ 10. Does anyone outside of your household pay for any of your bills or give you money?

YES NO

D. OTHER

- ☐ ☒ 1. Is anyone in your household a member of the Armed Forces or Reserves?
☐ ☒ 2. Is any member of your household in the process of enlisting in the Armed Forces or Reserves?
☐ ☒ 3. Is there anyone not listed on your application living in your unit or spending any time at your unit?
☐ ☒ 4. Do you expect anyone to do so in the future?
☐ ☒ 5. Will the household be receiving a Section 8 Voucher at the time of move-in?

If so, list agency _____ and date voucher issued _____

E. COMPLIANCE INFORMATION

Have you, or any other household member, ever been convicted of using, dealing, or manufacturing illegal drugs?
 ____ Yes* ☒ No *If yes, please explain below:

Are you, or any prospective household member addicted as a result of current, illegal use of a controlled substance? ____ Yes* ☒ No *If yes, please explain below:

Have you or any other adult members of your household ever used any name(s), or Social Security Number(s) other than the one currently being used? ____ Yes* ☒ No *If yes, please explain below:

Are you or another household member now living in a government subsidized rental unit? ____ Yes ☒ No
 Have you or another household member ever lived in a government subsidized unit before? ____ Yes ☒ No
 If Yes, where and when? _____

Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for not reporting, or misrepresenting information for such housing/programs. NO *If yes, please describe below:

Have you, or any member, in your household, ever been evicted from Federally assisted housing for drug related criminal activity? NO If Yes, what was the date that the eviction took place? _____

Did you, or that member, successfully complete a drug or alcohol rehabilitation program? ____ Yes ☒ No

If Yes, date completed: _____

Are you, or that member, currently enrolled in a drug or alcohol rehabilitation program? ____ Yes ☒ No

Are you, or any member in the household, currently (or within a reasonable time prior to today) engaged in illegal use of a drug or have had a pattern of illegal use that would interfere with the health, safety or right to peaceful enjoyment of the premises by others? ☐ Yes ☒ No

Are you, or any member of the household, subject to a life-time registration requirement under a State sex offender registration program or been convicted of a sexual offense that is not subject to a lifetime registration requirement? ☐ Yes ☒ No

Do you, or any member of the household, currently or previously have a pattern of alcohol abuse that interferes with the health, safety or right to peaceful enjoyment of the premises by other residents? ☐ Yes ☒ No

Are you, or any member of the household, currently (or within a reasonable time prior to today) engaged in any of the following activities: ☐ Yes ☒ No

- a) Drug Related Activity
- b) Violent Criminal Activity
- c) Other Criminal Activity that would threaten the health, safety or right to peaceful enjoyment of the premises by other residents.

Have you (or anyone else named on this application) ever filed for bankruptcy? ☐ Yes ☒ No

If Yes, explain: _____

Have you (or anyone else named on this application) ever been convicted of a felony? ☐ Yes ☒ No

If Yes, explain: _____

Have you (or anyone else named on this application) ever been convicted of a misdemeanor? ☒ Yes ☐ No

If Yes, explain: three simple possession in 2012

Have you (or anyone else named on this application) ever been convicted of property damage? ☐ Yes ☒ No

If Yes, explain: _____

It is the guideline of PK Management in HUD Assisted Housing and most local ordinances that at move-in, no more than two people may share a bedroom.

Upon availability, initial suite bedroom number assignments should be made using these guidelines:

Unit Type	Minimum Members	Maximum Members
Efficiency	1	2
One Bedroom	1	2
Two Bedroom	2	4
Three Bedroom	3	6
Four Bedroom	4	8

In certain instances where municipal housing codes permit more persons per suite, the Company may permit exception to the above guidelines, but only with prior approval of the Vice President of Operations.

If a larger suite is available than the applicant household is qualified for, and if no market (within 60 days) exists for the larger suite, the applicant may be offered the larger suite provided they certify that they understand that they might later be required to move at their own cost if a suite for which they are qualified for becomes vacant and if there is a market for the suite they are in. This exception would apply only if the property has a properly sized unit, and the agreement for Acceptance of Responsibility for "Right-Size" Apartment Transfer has been signed.

HUD regulations for Section 8 dictate that a single person may rent only a one bedroom or a zero bedroom unit unless they have a requirement for which a reasonable accommodation should be made (e.g. live in attendant; or medical equipment requiring a larger suite). There is no restriction in a 236 basic rent suite about a qualified single person household occupying a two bedroom unit.

I wish to be placed on the waiting list for an apartment with 2 bedrooms.

De Vone Jackson
Applicant Signature

6-24-15
Date

APPLICANT CERTIFICATION and CONSENT RELEASE AUTHORIZATION:

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for rental assistance. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal and sex offender and verification information which may be released to appropriate Federal, State or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law and reason for rejection of my/our application. I authorize inquiries to be made to verify the information in this application. I/we understand that my occupancy is contingent upon meeting Management's resident selection criteria and the HUD and/or Housing Credit program requirements as applicable.

PENALTIES FOR MISUSING THIS VERIFICATION FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

Credit, Criminal and Sex Offender checks will be conducted by RealPage, Inc., 4000 International Parkway, Carrolltown, Texas 75007-1913.

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years older, which would be authorized by me on a separate consent attached to a copy of this consent. I/we do not have to sign the consent if it is not clear who will provide the information or who will receive the information.

Signature of Head: De Vone Jackson

Date: 6-24-15

Signature of Spouse: _____

Date: _____

Signature of Other: [Signature]

Date: [Signature]

Signature of Other: _____

Date: _____

Signature of Management Representative: Steph Veck

Date: 6-24-15



LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT <i>Davone Jackson</i>	LANDLORD MIDTOWN ESTATES	UNIT NO. & ADDRESS <i>733D West Main St.</i>
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This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is Feb 2, 2018. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Tenant

Landlord

Date

Date

Form HUD-91067
(9/2008)